DOCUMENT RESUME

ED 390 123 EA 027 225

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|---|---|
| TITLE | Moving toward Accountability for Results: A Look at Ten States' Efforts. Issue Brief Summer 1995. |
| INSTITUTION | Council of Chief State School Officers, Washington, D.C. |
| PUB DATE | 95 |
| NOTE | 64p. |
| PUB TYPE | Reports - Evaluative/Feasibility (142) |
| EDRS PRICE | MF01 Plus Postage. PC Not Available from EDRS. |
| DESCRIPTORS | *Accountability; Agency Cooperation; Child Welfare; *Educational Objectives; Elementary Secondary Education; Family School Relationship; *Integrated Services; Partnerships in Education; Resource Allocation; Social Services; *State Standards |

ABSTRACT

Many observers of educational policy feel that in the rush to devolve responsibility, difficult questions about the capacity of states and localities to be accountable for results are being overlooked. This document describes the different strategies used by 10 states to move toward a results-oriented system of services, supports, and opportunities for children and families. The states include Arkansas, California, Iowa, Kentucky, Maryland, Missouri, Oregon, Texas, Washington, and Wisconsin. Data were obtained from a survey of the 10 states. Findings suggest that consensus around a set of desired results provides direction to state efforts to better support children and families. States must then develop good indicators to measure progress toward the goals they have set. The report also describes how states coordinate activities to achieve desired results, how strategies for cross-cutting goals are being developed, fiscal plans to achieve cross-cutting goals, and desirable and unintended effects of results-based accountability strategies. The appendix contains a state-by-state matrix describing efforts to implement results-oriented systems of services, supports, and opportunities for children and families. (LMI)

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*Ensuring Student Success Through Collaboration*

# MOVING TOWARD ACCOUNTABILITY FOR RESULTS:

## A Look at Ten States' Efforts

ISSUE BRIEF

Summer 1995

EA 027225

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*Ensuring Student Success Through Collaboration*

# MOVING TOWARD ACCOUNTABILITY FOR RESULTS:

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ISSUE BRIEF

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## What Challenges Does Devolving Decisionmaking Pose for Accountability?

Across the nation, states and communities are working to change the nature and quality of the services, supports, and opportunities that are available to assure the healthy development of children and youth. Although state and local reforms are taking a variety of approaches, they are increasingly similar in their aims. A set of common principles -- that a reformed system should be consumer-driven, supportive of families, calculated to achieve positive results, community-based, culturally competent, and focused on children's optimal development -- guides the many efforts to change the current manner in which children and their families are supported.

A key assumption in the effort to improve the lives and life chances of children and families is that we must provide greater flexibility in how resources are used by communities. The idea is that vesting decisionmaking authority about supports and services closer to the children and families for whom the services are intended will make a difference in the results achieved. In the current policy debate about appropriate federal, state, and local roles in helping families support their children's development, this particular piece of the puzzle -- devolving responsibility -- has been seized upon as crucial to remedying what ails the current system. The hope is that freeing schools, health care agencies, human service providers and others from bureaucratic rules and regulations will allow them to be more responsive, efficient, and, ultimately, effective.

However, decentralizing authority for designing and delivering services and supports to communities raises the specter of accountability. Until recently, accountability for education and human services was considered purely a matter of paying attention to inputs and processes. The operative question has been, "Was everything done by the rule book?" rather than "What happened because of our actions?" The prevailing theory is to let a thousand flowers bloom, i.e., to recognize that a multitude of different strategies will be needed to assure the well-being and academic success of each and every young person.

If individual and community circumstances dictate that strategies must be varied, how then do we assess the success of these many efforts to improve the lives of children? The answer is accountability for results, and indeed, rhetoric about results-based accountability is also part of the current policy debate. However, in practice, managing by results poses serious challenges.

Many policy observers feel that in the rush to devolve responsibility, difficult questions about the capacity of states and localities to be accountable for results are being overlooked. By the same token, current proposals to change federal, state, and local relationships do not fully take into account what states and communities are learning about making their education and human services systems more accountable for results.

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**What Can We Learn from Work Underway in the States?**

In early 1995, the Council of Chief State School Officers joined with the ten states participating in the CCSSO *Ensuring Student Success through Collaboration* project to describe the different strategies they are using to move toward a results-oriented system of services, supports, and opportunities for children and families. Taking a close look at the efforts of the ten states -- Arkansas, California, Iowa, Kentucky, Maryland, Missouri, Oregon, Texas, Washington and Wisconsin -- illuminates the promise and problems associated with these efforts.

Each state responded to a series of questions. Their full responses are collected at the end of this issue brief in the Appendix: State Efforts to Put in Place Results-Oriented Systems of Services, Supports, and Opportunities for Children and Families. The Appendix consists of state-by-state matrices that detail how states are addressing the following components of a results-based system:

- coming to consensus on broad goals or a set of desired results;
- identifying indicators for measuring progress toward those goals;
- building a sense of shared responsibility for achieving the goals;
- developing sufficiently powerful strategies for achieving results;
- making sure resources are allocated in a way that supports those strategies; and
- tackling the difficult task of putting in place rewards and improvement strategies that are based on performance and do not unfairly penalize individuals and organizations.

**What Provides Direction to State Efforts to Better Support Children and Families?**

Many researchers and policy analysts agree that a set of desired results for use by a broad cross-section of policymakers may be the most powerful tool available for formulating policy that promotes collective responsibility for the overall well-being and success of young people. Agreement across disciplines and service sectors on desired results provides direction for defining the individual and combined actions that assure all children and youth are thriving and developing the skills and competencies needed to make a successful transition to adulthood.

A few states have already forged (and many more are in the process of developing) consensus around a set of desired results to guide policymaking and/or resource allocation. One challenge states face is assuring ownership by those who will be asked to achieve the results. However, local ownership needs to be balanced with assurances that communities are working to achieve results that are challenging enough and consistent enough to be used for accountability purposes. To address these inherent top-down and bottom-up tensions, states are working to build consensus among a wide variety of state and local stakeholders. In states where a set of desired results has been formally adopted, the states are attempting to further foster local ownership through joint planning. Some states are also engaged in negotiations with communities about which results they will focus on and what constitutes reasonable progress in achieving them.

For instance, **Oregon's** Benchmarks document provides an overall framework for cross-sector work on behalf of Oregon's citizens. The benchmarks measure progress toward Oregon's vision of well-being in areas such as family stability, early childhood development, student achievement, affordable housing, quality of environment, crime, and employment. Of a total of 267 benchmarks, a significant number relate to children and family issues.

The benchmarks have enabled citizens and policymakers in Oregon to focus on desired results in setting priorities and improving the effectiveness of programs and services. For instance, the Oregon Commission on Children and Families has selected a short list of 11 core benchmarks that each county is addressing through a comprehensive community-based plan for children and families. The Commission is developing results-oriented goals around the social service system, especially in assessing the effectiveness of integrated services, school-linked services, and family resource centers. The benchmarks are also tied to a growing movement toward performance measures for state agencies. After several agencies began to connect their own performance measures to broader benchmarks, the 1993 legislature directed all state agencies to do the same.

The Benchmarks document was developed with significant broad-based community participation. The document continues to evolve as new benchmarks are identified. Local commissions on children and families in each of Oregon's 36 counties participated with the State Commission in selecting the eleven core benchmarks to guide their work. Through local planning processes, communities have determined whether they will address all eleven; whether they will request a waiver for one or more core benchmarks; and whether they will incorporate additional/ancillary benchmarks within their local plans.

A similar process is underway in **Missouri**. Direction for Missouri's efforts is being provided by a partnership involving parents and consumers, key state agency personnel, and the Family Investment Trust. The Family Investment Trust is a unique structure established by Executive Order that is bridging efforts between state agencies and local communities to create a new, more responsive system of services for Missouri's children and families. The Family Investment Trust is a public/private partnership directed by a Board of Directors composed of the chief executive officers of the state departments of education, health, mental health, and human services, and business and civic leaders.

- The Trust is working toward the adoption of a set of desired results for children and families. The broad categories of core results include healthy child and youth development (children ready to enter and succeed in school); strong neighborhoods and families (children and families safe and healthy); and parents working. Communities interested in working in partnership with the state will designate different priorities from each of the broad categories of core results.

In 1995, **Maryland** began work that they expect will lead to the development of a results-oriented accountability system.

including clear goals and strategies for children's services. This effort is being undertaken through the Governor's Subcabinet for Children, Youth, and Families. The intent is to develop a comprehensive results-driven process that is community-based and includes goals, strategies and indicators that can be used to measure progress. These goals, strategies, and indicators of progress will be child- and family-focused. The process will involve the public and the private sectors as well as people at the state and local levels. During the FY 97 budget cycle, the state anticipates using the set of desired results to measure the performance of the Subcabinet's programs.

**How Are States Measuring Progress Toward the Goals They Have Set?**

The states that are building consensus on what they want to achieve are also working on refining how they measure progress toward their goals. The states want to improve the information available about how well children and families are faring for many reasons. Making such information available to the public helps clarify whether expenditures on education and human services and other supports for families are having their intended effects. Good measures of how well kids and families are faring can help determine whether resources allocated are sufficient to achieve desired goals. In addition, reliable information about results aids policymakers in developing service strategies and program development. As Schorr and others have pointed out, having good information about results can force "the question of whether outcome expectations must be scaled down, or interventions and investments scaled up" (Schorr et al.1994).

Some states are succeeding in finding reliable indicators or proxy measures that provide information about the condition of children and families that are both relatively easy to obtain and policy relevant, i.e., understandable to wide audiences and related to a circumstance or condition that is both important and amenable to change. They are also looking for information that can be easily disaggregated so that progress made by vulnerable population groups can be tracked over time.

Finding good indicators of progress for which people are willing to be held accountable is a difficult proposition. Only some aspects of state goals can currently be measured with data that is currently widely available. In many cases, agency-specific data systems are not configured to report child or family results. Considerable investments have been made in these systems and they cannot be easily or quickly replaced. In other cases, the technology and necessary procedures for measuring desired results (e.g., performance-based measures of academic achievement) are still being refined and are difficult or expensive to employ statewide.

Lacking good measures of results for children and families, some states are using process measures or changes in how agencies do business as proxy measures. These types of measures can play a valuable role in results-based accountability when research has verified that they are empirically related to desired results. However to avoid confusion, process measures that cannot be as easily

linked to desired results should be clearly identified as such.

The **Oregon** Progress Board tracks data around all the state's established benchmarks at established intervals. Every other year the Progress Board publishes a report displaying the data and analyzing trends and problems the state is experiencing. State and local agencies have begun to align their date collection processes with benchmark data. The State Commission on Children and Families aggregates County data related to 32 important benchmarks to help County Commissions. Measurements for several benchmarks are still under development.

**Missouri** is developing a tracking system to measure the progress community partnerships make toward achieving desired results. Each community partnership will designate priorities from broad categories of desired results (e.g., healthy child and youth development) and agree on specific data elements to be used as benchmarks for measurement. Various stakeholders in the community partnerships and state agencies will share responsibility for collecting the needed data.

In **Texas**, the state's strategic planning and budgeting system helps agencies focus on their missions, set their own priorities in the form of goals, objectives and strategies and incorporate those components into a six-year planning horizon. Following approval of individual agency plans, agencies prepare their budget requests, making the document the fiscal expression of their strategic plans. The new format provides more information to decision-makers and to the public on what an agency is actually doing. The performance measures increase accountability and provide more information for monitoring and decision-making purposes.

Many of the ten states continue to measure progress toward goals with input and process measures. In a few states, individual systems have begun to make results-oriented information available. For instance **Kentucky** schools are assigned an accountability index derived primarily from measures of student performance, but also takes into account other factors such as dropout rates and transition to work and post secondary education. Other states have begun to develop results-oriented measures for pilot projects and other limited initiatives.

**How Are States Coordinating Activities to Achieve Desired Results?**

Another critical element of results-based accountability system appears to be a process for bringing together leaders from different branches and levels of government as well as citizens and the private sector to set and oversee the state's agenda for children and families. Agreement on desired results and having a means by which to measure progress can make it easier to work across traditional boundaries. However, the challenge of coordinating the actions taken by different agencies and institutions that interact with children and families remains.

Several of the ten states have put in place collaborative, state-level groups that are responsible to some extent for promoting the well-being of children and families. These

collaborative bodies differ widely in their composition, the scope of their responsibility and in how they derive their authority. Some of the states are also reexamining federal, state, and local relationships as part of their attempt to manage by results rather than regulation. In a few states, counties and other local jurisdictions are forming collaborative bodies that are charged with coordinating policy and planning decisions about services, supports, and opportunities for children and families.

Changing the way decisions are made about children's and family services is proving to be difficult and often controversial. Efforts to reform governance structures challenge traditional assumptions about the way government should operate and raises fundamental questions about power, the distribution of authority, and citizen participation in government. An in-depth discussion of governance issues is beyond the scope of this issue brief. However, given the importance of this issue to improving accountability for children's overall development and well-being, a forthcoming CCSSO issue brief will describe the different strategies states are pursuing to make decisions about supporting children and families more collaboratively.

In **Maryland**, the Governor's Subcabinet for Children, Youth, and Families is responsible for overall planning, coordination, and monitoring of children's and family services. Originally established by Executive Order, the Subcabinet was established by state law in 1993. It includes the Secretaries of the four primary state level child-serving departments (Human Resources, Education, Health and Mental Hygiene, and Juvenile Services) as well as the Department of Budget and Fiscal Planning and the Director of the Governor's Office for Handicapped Individuals.

The Subcabinet has created interagency committees that make recommendations on such issues as early intervention and prevention, licensing and core regulations, tracking of children in out-of-home care, school-based/school-linked services, unserved and under served populations, implementation of the state's plans for family preservation, and return/diversion from out-of-state placement. Through the Subcabinet, Maryland is reforming its services to children and their families on an interagency basis. This effort relies upon the use of Local Planning Entities (recently renamed Local Management Boards) at the jurisdictional level. Local Planning Entities are required by state law to be established in every jurisdiction of the state. Local Planning Entities consist of representatives of all agencies providing services as well as up to 49% private citizens, advocates, community leaders, and consumers of services. Local Planning Entities are responsible for interagency planning, goal-setting, resource allocating, implementing, and monitoring state-funded or supported interagency services to children and their families in the local jurisdiction. They develop plans for services to those populations identified by the Subcabinet as appropriate for interagency services. In the future, Local Planning Entities are to become responsible for developing comprehensive interagency plans for local delivery of services to families and children, within state guidelines.

In **Arkansas**, the recently formed Governor's Partnership Council for Children and Families

will serve as a policy advisory body to mobilize state and community wide reform. The Partnership Council will be co-chaired by the directors of the departments of health, education and human services. Its membership will consist of parents and other consumers of services, representatives of state, local, and community-based public and private nonprofit agencies, representatives of professional and advocacy organizations, elected officials, and representatives of business organizations.

The Partnership will work to link existing reform initiatives across systems and plan and promote changes in how state and local agencies operate. The Partnership will also focus on building stronger relationships between communities and state agencies. An implementation committee consisting of senior managers in state agencies will take on many responsibilities including planning and budgeting across agencies, developing performance measures, and providing technical assistance to communities.

Local Community Partnerships will be responsible for planning, setting goals, allocating resources, and monitoring the provision of services and achievement of results. Local Partnerships will develop service plans within guidelines, parameters, and limitations established by the Governor's Partnership Council.

Other states have cross-cutting bodies in place with more limited responsibilities. To promote the well-being of California's children and families, the **California** Partnership for Comprehensive, Integrated School-Linked Services was formed in the fall of 1991. This Partnership between the Governor, the State Superintendent of Public Instruction, and a consortium of private foundations, is defined by an Agreement in Principle, which outlines three broad goals. The first goal is to support the development of systems change models through Healthy Start, a statewide effort to provide comprehensive support services at or near schools. The second is to build new financing mechanisms to sustain and expand the models to new communities. The third goal of the partnership is to develop ongoing mechanisms for broad-based, systemic changes in how children and families are supported.

These efforts are supported by a collaborative, cross-sector state-level team comprised top-level administrators including: the State Superintendent of Public Instruction, the Secretary of Child Development and Education, the Secretary of the Health and Welfare Agency, the Governor's Cabinet Assistant Secretary, the Executive Director of the Governor's Office of Criminal Justice Planning, and the directors of key departments (Finance, Health Services, Mental Health, Social Services, Developmental Services, Economic Opportunity, and Alcohol and Drug Programs). This team represents the state in the Partnership and makes recommendations about the policies, activities, and future of the Partnership. The State team also serves as the policy-making body for several interagency activities.

However, while this Partnership addresses ambitious goals, it represents only a small part of the cross-sector work underway in California and a small part of the state's administrative responsibilities. Partnership activities currently affect a fraction (less than

.01%) of the state's $54 billion annual budget.

**How Are Strategies for Achieving Cross-Cutting Goals Being Developed in the States?**

Helping families, schools and other institutions meet children's developmental needs requires agreement on strategies that are sufficient to achieve intended results and compatible with the state's vision for better supporting children and families. In many cases, even when there is agreement that resources and strategies need to be better coordinated, decisions about how services and supports are provided continue to be made in very categorical ways. In addition, all too often programs are supported and resources allocated for political reasons rather than as part of a strategic plan.

Some states, however, have adopted principles that guide the development of programmatic strategy designed to achieve their goals for children and families. In a few states, these principles appear to be having an effect on how services and supports are made available.

In **Missouri**, cross-cutting strategies are being developed at two levels. At the state level, state agencies are laying a policy foundation to encourage innovation and flexibility in the provision of services for children and families. A joint budget initiative was presented this year to the General Assembly, which provides for a significant expansion of Missouri's Caring Communities Program. (Caring Communities is a school-based effort to link or co-locate health and human services with education reform efforts within the schools.) This expansion will be orchestrated through Community Partnerships that are being formed in local jurisdictions around the state.

At the local level, cross-cutting strategies will be identified and implemented through the Community Partnerships. Each community designated as a Community Partnership will be empowered to negotiate new relationships with state agencies to provide a variety of services for children and families. The charge to the communities will be to develop strategies that merge efforts of existing resources in the community, both public and private. Technical assistance for these efforts is being provided by Missouri's Family Investment Trust.

In **Washington** state, the state Family Policy Council is working with local Community Health and Safety Networks to develop cross-cutting strategies for improving results for youth and families. Legislation passed in 1994 established these community networks and charged them with coordinating available services and supports and developing strategies to improve results for youth. Long-term goals include reducing the rates of several problem behaviors identified in the legislation, including child abuse and neglect, teen pregnancy, youth violence, substance abuse, suicide, domestic violence, and school dropout. The networks are charged with developing strategies such as increasing prevention activities and improving coordination of existing resources. Decategorization of state funds is also a potential strategy, although it will require legislative action.

The Family Policy Council has prepared planning guidelines to help community networks establish a vision and determine their goals. After analyzing data and engaging in a planning process that assures broad participation and input, community networks must map existing services and determine effective programs and barriers to effective access and/or success. Each network will prepare a short-term spending plan and a ten-year comprehensive plan of action. The Family Policy Council will review and approve plans. Network plans will then be forwarded to state agencies for action, as well as to the legislature, if carrying out the plans requires changes in state policy.

In **Maryland**, the Subcabinet for Children, Youth, and Families is responsible for developing cross-cutting strategies. To support Maryland's children and families in building their capacity to be self-sufficient, safe, and healthy, the Subcabinet operates under five principles:

- Increase local authority, through Local Planning Entities, to plan, implement and monitor services on an interagency basis.
- Maximize family-centered, home- and community-based services, which include interagency case management and a single point of access to multiple agency services.
- Shift resources to prevention and early intervention efforts.
- Ensure that the interagency budget for children and family services reflects the priorities of the Subcabinet and Local Planning Entities and that agency budgets have the flexibility to address common priorities.

- Ensure system-wide oversight, monitoring, collaboration, and accountability through the Subcabinet.

Assignment of responsibilities for carrying out the Subcabinet's program strategy is handled in a number of ways. Many roles and responsibilities for implementing interagency projects are assigned by the Subcabinet. However, in some cases where funding is allocated to a specific agency, either by the State Legislature or the Federal government, that agency takes the lead and generally will recruit partners from other agencies.

**Are States Developing Fiscal Plans That Will Help Achieve Cross-cutting Goals?**

States that are developing programmatic strategies to achieve challenging goals still have another hurdle to face. The way in which services and supports for children and families are funded is a powerful determinant of how they are delivered and what results are attained. Many criticisms about the current system of services -- that it is categorical, inflexible, focused on individuals, and crisis-oriented -- can be attributed to some extent to the way funds are made available to states and communities.

The politics of reforming the way services are financed and delivered can be extremely fierce. Developing fiscal strategies that support changes in how children and families are served requires both interagency cooperation and political support from a number of different constituencies. Well-conceived programmatic strategies should drive financing plans. Unfortunately all too often the reverse is true. States are having mixed success in providing funding that is sufficiently flexible for communities to implement more comprehensive service strategies. A few states are beginning, on a limited basis, to conceive program and financial strategies as part of a single plan.

In **California**, Assembly Bill 1741 allows selected counties to transfer funds designated for at least four child and family services into a Child and Family Services Fund. It also authorizes local education agencies, cities, and/or private nonprofit agencies to transfer money into this fund. For instance a local education agency may choose to contribute to the county's effort by allocating part of its state education aid to the Children and Family Services Fund. Similarly, a local community action agency may choose to allocate some of its federal Community Services Block Grant funds to this effort.

Under the provisions of Assembly Bill 1741, the county Child and Family Services Fund must be used to fund comprehensive, integrated services for high-risk, low-income, multi-problem children and families in alternative and innovative ways, as detailed in a county's strategic plan. The Fund may be used to provide services in one or more designated geographical areas within the county or to targeted populations.

**Maryland's** Subcabinet for Children, Youth, and Families has developed interagency plans for the funding and delivery of services to two defined populations -- children at imminent risk of an out-of-home placement and their families, and children in or at-risk of an out-of-state placement and their families. Plans for funding these services are developed on a

jurisdictional basis through the Local Planning Entities.

Legislation passed in 1994 requires the Subcabinet to phase in a statewide system of interagency budgeting and funding by 1998. The system must contain four components: a Subcabinet fund; a plan for a continuum of care and services that is family and child oriented and emphasizes prevention, early intervention, and community-based services; an interagency effort to maximize available resources from all sources, including federal moneys and private third party reimbursement; and outcome measures and fiscal incentives to encourage more productive use of state funds for children and family services. As the first step in this effort the Departments of Human Resources, Health and Mental Hygiene, Juvenile Services, and Education have pooled $37,500,000 for FY '96 to be used for preserving families and reducing the number of out-of-home placements

**Texas'** strategic planning and performance budgeting process is the primary basis for making decisions about allocation of resources. The process also provides a structure for measuring progress toward established goals. The statewide strategic plan, which serves as the basis of each individual agency strategic plan, is developed by the Governor and the Legislative leadership. *Texas Tomorrow*, the overarching statewide plan, contains broad goals and cross-system results for which state agencies will be held accountable. The statewide goals for children and families presented in *Texas Tomorrow* were developed after consultation with the state Health and Human Service Commission, the Commission on Children and Families, the Texas Education Agency, advocacy groups and the public. Individual agencies will be held accountable for their part of the statewide plan. Agency strategies are funded according to agency performance in obtaining the results and achieving the objectives presented in their strategic plans.

**Are States Attaching Consequences to the Achievement of Results?**

One of the most complex issues the states face is attaching consequences to success or failure in achieving specified results. Attaching "high stakes" to how well children and families are faring brings the discussion of results-based accountability full circle. Assuring that consequences are fairly imposed requires reliable information on which to base determinations of what constitutes success and failure. A high-stakes accountability system also calls into question whether the resources provided and the strategies devised are sufficient to achieve the desired results.

To assure fairness in a system of results-based accountability, many policy analysts feel that incentives should be offered for meeting goals, and assistance must be made available when sufficient progress is not being made. However, providing technical assistance to communities requires state agencies to take on new roles. State agencies have historically monitored compliance with regulations to assure accountability. Becoming providers of assistance and developing the capacity to intervene when desired results are not achieved will require already limited resources to be deployed very differently and state staff to learn to work in new ways.

In addition, giving an accountability system "real teeth," (i.e., employing meaningful sanctions when assistance does not result in improvement) remains controversial. Taking corrective action when progress is not being made raises difficult questions for states moving toward results-based systems of accountability. Under what circumstances is it fair to hold agencies, organizations, or individuals responsible for achieving results? Some states are experimenting with designating cross-cutting governance bodies at the community level as the point of accountability. These cross-cutting entities agree to help children and families make progress toward challenging goals in return for incentives such as greater flexibility in use of funds, technical assistance, and extra funding if they demonstrate success. However, procedures for imposing sanctions or taking corrective action are not well developed. One of the difficulties is making sure safeguards are in place to assure that children and families that are being failed by a dysfunctional system are not the real losers. Another is resistance from those who work with children and families, who feel they will be unfairly penalized for circumstances over which they have little control.

In spite of these challenges, some states are taking tentative steps toward imposing consequences for the achievement of a broad range of results for children and/or their families. In many cases, these experiments are taking the form of pilot efforts, where communities volunteer to hold themselves accountable for achieving measurable results. In states where efforts are more widespread, incentives and assistance may be available to localities, but sanctions are not imposed. In other states, single sectors (most notably education) have much better developed systems of rewards and sanctions.

For instance, in **California,** the pilot program authorized by Assembly Bill 1741 provides the five participating counties greater flexibility in the use of their child and family service funds in return for greater accountability for results. The five counties and the state-level interagency team currently are in the process of developing a framework of outcomes and an evaluation component for this pilot. In addition, the Healthy Start program has been engaged in a three-year independent local and statewide evaluation. Currently, Healthy Start does not impose sanctions on sites that do not show improvement on results-oriented measures, but rather concentrates technical assistance where most needed.

In **Washington**, the legislation establishing community networks throughout the state requires the development of results-oriented strategies. The legislation also calls for a five percent set aside as a performance reward to networks showing "exceptional reductions" in the rates of problem behaviors targeted by the legislature and selected by the networks. However, during the 1995 legislative session, funding for technical assistance to the community networks was sharply curtailed. As a result the Family Policy Council is exploring the option of forming a public/private partnership that would work to redeploy existing state agency and private-sector resources to meet the networks' training and assistance needs.

In **Kentucky**, each school received an "accountability baseline index" for the 1991-2 school year. The index was derived from the

results of students' test scores and the school's success in addressing other non-cognitive factors (such as attendance, transition to work and post-secondary education, and access to needed health and social services). This baseline is used to calculate a "threshold improvement goal" for the next two years, which represents the desired improvement in the accountability index.

Schools that exceed their goals receive monetary rewards and school staffs decide how the money will be spent. Schools deemed to be improving (those who maintain their baseline or show improvement that falls short of their goals) develop an improvement plan and have an additional two years to attain their improvement goals. Schools that show declining scores must develop improvement plans and are eligible for monetary and technical assistance from the state. The state has postponed imposing sanctions until at least 1996. Eventually, however, the state expects to designate schools that chronically fail to attain achievement targets as "schools in crisis" and to take corrective action in such cases.

Schools take these accountability indices very seriously due to the rewards and sanctions they face. The achievement targets are based on students reaching the proficient level on test scores, portfolios, performance events, and non-cognitive indicators within a 20-year period. The information is widely publicized and available to different state agencies, but has not been a significant influence on the other child-serving systems due to their lack of accountability for the results. Also, because 83% of the accountability formula is based on test scores with only the remaining 17% affected by non-cognitive factors, schools can conceivably reach their goals with minimal improvement in the non-cognitive indicators.

**What Changes Are States Hoping to See as They Put in Place Systems of Results-Based Accountability?**

Increased cross-sector collaboration and community engagement are two of the most readily apparent effects of states organizing their efforts around the results they hope to achieve. In many states and communities, a broad cross-section of those who work with children and families have come together to establish common goals and visions. As a result, the capacity for widespread public understanding of and involvement in child and family issues is increasing.

The states also hope that this approach will encourage the development of local strategies for solving local problems. With the strength of a common vision for all children and families and a set of results around which to anchor activities, communities should be able to more clearly set priorities for spending, tailor services to meet the needs of individual children and families, and judge the results of their efforts. Decreased regulation, a necessary ingredient for crafting responses that meet the particular needs of children and families, should encourage greater creativity while providing flexibility for problem solving.

Most of all, the states want to make sure that scarce public resources are being used wisely. Keeping score by monitoring results over time should provide an opportunity to identify weak links and ineffective strategies while assuring that investments produce results.

Different agencies and organizations need to be able to judge the effectiveness of -- and modify when necessary -- their individual contributions to the improvements in child well-being. The ability to consistently and systematically document progress in the overall well-being of children, families, and communities using results-oriented information is needed to design and implement effective policies and programs.

**What Unintended Effects Should States Be Thinking About?**

On the down-side, there may be several unintended effects as well, including the misuse of information obtained about children's development. For example, caution should be exercised to make sure that performance-based assessments are not used to decide whether children are or are not ready to enter school. In this case, information should be used to establish each child's place on the developmental continuum so that programs and practices can be shaped to meet the needs of each individual child before and as they enter school.

Results-based accountability also has the potential to create increased pressures for educators and other children's services workers to label and/or track greater numbers of children in an attempt to meet increased expectations for improved results. Excluding "difficult-to-work-with" children from the pool of evaluated children can artificially inflate improvement rates. In addition, the relaxation of input and process regulation inherent in results-based accountability, must not jeopardize the rights of vulnerable populations. Mechanisms should remain in place that ensure equity and quality services that are flexible and responsive to individual needs.

As decision-making authority for child and family services is devolved from state to local levels in an attempt to achieve specified results, expectations for informed community involvement and governance might be somewhat unrealistic. Adequate time and capacity-building support must be available for local groups that are increasingly composed of lay persons so that they can participate fully and make informed decisions about strategies for achieving results. Another unintended consequence might be unrealistic expectations about state and local technical capacity to collect, analyze, and disseminate critical data on a large scale. A great portion of the impact of a results-based accountability system will be lost if data cannot be managed in a way that supports this approach.

Confusion about who is ultimately accountable for improved outcomes can arise from collaborative efforts where roles are poorly defined. If during the planning process there is careful consideration and clear identification of each partner's responsibilities in achieving progress toward the agreed upon results, the potential for confusion can be avoided (Schorr et al 1994).

**Are States Ready for Results-based Accountability?**

Moving toward a results-oriented system of accountability, while not an end by itself, is a major step toward increasing our understanding of the relationships between the services and supports we provide for children and families and the progress we make toward greater child and family well-being. In the monograph, "The Case for Shifting to Results-based Accountability," Lisbeth Schorr and her coauthors argue that "it is critical to start implementing systems of results-based accountability now, recognizing that the necessary procedures and technologies are still in development. Too much is at stake not to begin" (Schorr et al. 1994).

States simply do not have the luxury of waiting to begin work in this area. Public confidence in government's ability to use tax dollars effectively continues to erode. There is no doubt that states have a long way to go in perfecting their ability to manage by results; the shift to results-based accountability must be made thoughtfully. However, if we cannot demonstrate measurable improvements in the condition of children and families, it is unlikely that the current trend toward cuts in education and human services will be reversed.

## REFERENCES

Council of Chief State School Officers, *Identifying Cross-cutting Outcomes for Use as a Focal Point for Change*. Washington, DC: Author, 1993.

Oregon Progress Board, *Oregon Benchmarks: Standards for Measuring Statewide Progress and Institutional Performance*. Salem, OR, 1994.

Schorr, L. with Frank Farrow, David Hornbeck & Sara Watson, *The Case for Shifting to Results-based Accountability*. Washington, DC: Improved Outcomes for Children Project, 1994.

Sullivan, C. & Jule Sugarman, *Interagency Data Systems for Accountability*. Washington, DC: Council of Chief State School Officers, 1995.

Young, N., Gardner, S. & Soraya Coley, *Getting to Outcomes in Integrated Service Delivery Models*. Falls Church, VA: National Center for Services Integration, 1994.

## Appendix I

### State Efforts to Put in Place Results-oriented Systems of Services, Supports, and Opportunities for Children and Families

The information contained in this document is intended to present an overview of the different kinds of strategies states are using in their efforts to move toward a results-oriented system of services, supports, and opportunities for children and families.

The questions that each state responded to were intended to identify where states are in developing and implementing cross-cutting goals, objectives, and strategies to guide their efforts on behalf of children and families. Each state was asked to provide information about the extent to which they are using a results-based approach as a tool for change. The questions that appear below elicited information about how states are addressing the following components of a results-based system: broad goals or desired outcomes; indicators for measuring progress toward those goals; shared responsibility for achieving the goals; strategies for achieving results; resource commitments; and strategies for assuring accountability.

1. **What provides direction to your state's efforts to strengthen families and improve outcomes for children?**

   Does your state have an overall vision of the results it would like to achieve for all children and families? Does this vision include a picture of what the service system for children and families would need to look like for the results to be achieved? Have you agreed on a set of desired outcomes for all children in your state, including positive outcomes that you want children to achieve, as well as negative outcomes that you hope children avoid? Are there goals related to improved operations of the systems that serve children and families? Who was involved in developing the outcomes? Are these goals to be achieved by the public sector, or by all stakeholders in your state? Have the goals been prioritized? By whom? If your state has not developed cross-cutting goals, what provides direction to efforts to better support families?

2. **How does your state track progress toward the goals you hope to achieve for children and families?**

   Have you established a process by which progress toward achieving the goals your state has established is regularly reviewed and reported? Is this information available to different state agencies, to local government, and/or to the public? What kinds of indicators are used to measure progress? Do they include measures of well-being for children and families? Do they include measures of changes in the way agencies operate and services are provided? How are achievement targets set? Are they meant to be ambitious? Realistic? As easy as possible to be attained?

3. **How does your state provide for coordination among the various agencies and other entities that are working together to assure success for children and families?**

   Does your state have one collaborative statewide group that you would identify as responsible overall for promoting the well-being of children and families? If so, how is it authorized to function (e.g., through legislation, governor mandate, state agency agreements, etc.)? If not, is there an existing group (inside or outside state government) that could assume this responsibility? Does your state have a process where leadership from all state departments and/or the private sector and local communities come together to set the state's agenda for children and families? Are representatives of city and/or county government, and/or citizens or consumers of services included in this process? In what ways and for what purposes?

4. **How are strategies for improving results for children and families formulated and prioritized in your state?**

   Has your state developed cross-cutting strategies intended to achieve agreed upon results? How are such strategies developed, for instance, are they legislatively mandated, conceived as the result of cross-sector strategic planning, and/or developed by individual communities? How are they prioritized? Is there a set of principles or policy guidelines used to make sure strategies are sufficient to achieve intended results and compatible with the state's vision for better supporting children and families? Where does oversight for formulation of strategies come from?

5. **How does your state assign responsibilities for accomplishing the goals you want to achieve for children and families?**

   How are responsibilities for carrying out strategies decided? Are they assigned to single agencies then coordinate the contributions of others? Are they assigned to groups of agencies? Do agencies "bid" for responsibilities and accompanying resources? Do communities get to decide who will carry out various strategies? If your state has a cross-cutting governance mechanism, how is it involved in the process of assigning responsibility for carrying out particular strategies? Are there cross-cutting governance mechanisms at the local level to help decide who will be responsible for carrying out particular strategies?

6. **How are decisions made about allocating resources for efforts to improve outcomes for children and families in your state?**

   To what extent are program and financial strategies conceived as part of a single plan? Do discussions about allocating resources encompass the full range of financing options available to support services for families and children? Has your state considered, or implemented, changes in financing structures designed to support improved outcomes for families and children? Does your state have a financing strategy that supports the state's long-term goals for service reform? Does your state have a process in place to make judgments about the adequacy of resources allocated and the efficacy of the strategies identified for

making progress toward outcomes? Are funds targeted to areas or populations considered to be in greatest need?

**7. How does your state assure accountability?**

Are there consequences attached to success or failure in achieving specified results? For instance, are incentives offered for meeting goals? Is assistance available when sufficient progress is not being made? Are meaningful sanctions employed when assistance does not result in improvement? Who is held accountable, e.g., individual agencies and organizations, groups of agencies, whole communities, individuals responsible for delivering services, families? If a system of incentives, assistance and penalties is in place or being developed, what safeguards are in place to assure that children and families that are being failed by the system are not penalized?

# STATE BY STATE MATRIX

Arkansas California Iowa Kentucky Maryland

Missouri Oregon Texas

Washington Wisconsin

# ARKANSAS

| Setting Goals | Measuring Success | Coordinating State Activities |
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| Currently, efforts in Arkansas are being driven by the agency directors from the departments of health, education and human services. They have entered into a Collaborative Partnership with a goal to support communities' capacity to produce children who are healthy, children who are in supportive, nurturing, healthy families and children who succeed in school. To achieve these desired results, a new system of service delivery must be created which is decentralized and is more responsive and more accountable to the client's needs.<br><br>An interagency committee is currently working on identifying performance indicators for each aspect of the Collaborative's goal. To date, other than the Learner Outcomes that have been adopted by the State Board of Education, other agencies have not established outcomes that are desired for all children in the state. Stakeholders at the local and state level participated in the development and refinement of the Learner Outcomes. The outcomes are the responsibility of all stakeholders and not simply the local education agency or the state education agency. One of the benefits of stakeholder participation in the development of the Learner Outcomes has been that much discussion was generated about the need to involve other public agencies that have not traditionally been involved in the education arena if the outcomes are to be realized for all children. | One of the desired results of a new system of delivery is that accountability will emphasize achieving desired outcomes rather than measuring inputs that may or may not result in improved outcomes for children and families. Currently, the process used in education to track progress toward achieving the goals is through the "School Report Card." Unfortunately, this is dependent upon data that report such things as the amount of money spent per child, test scores on norm-referenced tests, etc. The information is available to the public and to other agencies.<br><br>The indicators to measure progress are primarily input indicators. They do not include measures of well-being for children or families. They do not include measures of changes in the way agencies operate and services are provided. | The three directors of the departments of health, education, and human services have entered into a Memorandum of Understanding to enter into a Collaborative Partnership. They have met with Governor Tucker who is enthusiastic about this and has endorsed their efforts. Further, they have designated a policy staffer from each agency who will "manage" the reform efforts.<br><br>Through Executive Order, a statewide collaborative group will be established to serve as the policy advisory body to ensure participation and buy-in at all levels of state government. When convened, this new group will replace the former Family Policy Council. State governance and local governance structures are being proposed to serve as the formal process for deriving leadership from all stakeholders in setting the state's agenda for children and families. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| Until recently, the state had not addressed what it would take to develop and implement cross-cutting strategies addressing improved results for children and families. Given the commitment of the three agency directors, the Memorandum of Understanding and the proposed creation by Executive Order of a policy advisory body, the beginnings of the structures necessary to develop and implement cross-cutting strategies will soon be "in place."<br><br>A cross-cutting set of strategies and actions was developed around the National Education Goal 1: By the year 2000, All children in America will start school ready to learn. The development of this particular set of strategies was initiated by the Department of Education. There was not a set of principles or policy guidelines which were used to ensure that the strategies were sufficient to achieve intended results. There is currently no oversight for formulation of strategies. | The three directors have designated a senior level policy staff member from each of the respective agencies to serve as a member of the management team to ensure that the systems reform will be focused and kept moving in the direction of the directors' vision. Currently, responsibilities are assigned to individual agencies. Under the management team, responsibilities will be shared across the three agencies to eliminate duplication, increase collaboration and to model cross-cutting governance so that local communities will begin organizing in the same way, rather than by agency specific or program specific roles and responsibilities. | The three agency directors have each requested the authority to pool certain funds requested in each of their budgets -- if this is successful this will be the first time that the three agencies have accomplished this feat. These dollars will be designated as pooled dollars without being tied to a specific program on the "front end." Other attempts, e.g. CASSP, have been program/category specific. The dollars were merely requested in each agency's budget for the specific purpose of supporting aspect of the overall initiative.<br><br>Unfortunately, Arkansas is a state that is heavily dependent upon Medicaid to provide services for children and families. Because of this dependency, there are few services that are available for children and families who are not Medicaid eligible. In addition, the sources for financing services have driven the program development rather than the program needs driving service development and financing. Consequently, there are gaps in services and available funds to promote restrictive settings and services. Funds and services tend to be targeted toward crisis intervention and not toward preventive services. | Accountability is not tied to achieving outcomes. Rather, it is tied to delivering the inputs--units of service delivered, not the family achieve certain outcomes as a result of the services delivered.<br><br>Currently, the state is required through legislation to enter into performance based contracts. Specific outcomes are tied to service delivery and failure to achieve specific outcomes may result in termination, partial payment or corrective action under the contract. |

# CALIFORNIA

| Setting Goals | Measuring Success | Coordinating State Activities |
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| The Wilson Administration, the California Department of Education, and the California-based Foundation Consortium for School-Linked Services signed an Agreement in Principle in 1992 to work together to improve education, health, mental health, and social outcomes for children in California. Underpinning this teamwork is the shared belief that the development of healthy, productive and literate young adults requires restructuring the way that schools, human and community service agencies, and government currently provide services.<br><br>The partners have made it a priority to promote services that are locally-controlled, family-focused, prevention-oriented school-linked and outcome-based.<br><br>A main thrust of these efforts is a fundamental restructuring of the relationship between the state and counties. The restructuring is meant to promote local control and responsibility over services and funding, establish strong fiscal incentives for controlling costs and achieving program success, and substantially reduce counterproductive state and federal administrative oversight.<br><br>Through initiatives like Healthy Start and a pilot decategorization project and accompanying technical assistance from the state, California hopes to help local sites and agencies choose the best way to effect changes in the way children and families are supported. | In order to determine whether local communities can better serve children and families if categorical funds are blended, Assembly Bill 1741 establishes a five-year pilot program for the blending of various child and family services funds allocated to designated participating counties. The statute requires the selected counties to develop a strategic plan for integrating services and blending funds that includes the following: a description of the population to be served; the amount and types of current services available; the needs of the selected population to be served; and the goals and outcomes of the services to be provided through blended funding.<br><br>In developing its strategic plan, each applicant must clearly create a link between the identified priority needs of the community and the programmatic changes in child and family services that drive the need to blend funds.<br><br>By focusing on the needs of the target population and redeploying existing resources through a Child and Family Interagency Coordinating Council and the Child and Family Services Fund, the selected counties will be able to test innovative strategies for improving outcomes for children and families. The State will provide support for the selected counties in their efforts to decategorize and integrate their service delivery systems in order to improve the lives of California's children and families.<br><br>Healthy Start is California's statewide effort that places comprehensive support services at or near schools. The goal of the program is to produce measurable improvements in outcomes for students and their families in the areas of school attendance and performance, physical and social health indicators, and family functioning. The program includes local and statewide evaluation components for this purpose. Healthy Start sites, with local and state-level technical assistance, work to focus their collaborative service efforts on specific outcomes for children and families. | To support broad-based, statewide systems change, a unique California partnership was formed. In the fall of 1991, the Governor, the Superintendent of Public Instruction, and a consortium of private foundations who collectively had been supporting local change projects, entered into an Agreement in Principle, which outlined three broad goals. The first goal is to support the development of systems change models through Healthy Start. The second is to build new financing mechanisms to sustain and expand the models to new communities. The third goal of the partnership is to develop ongoing mechanisms for broad-based systems change.<br><br>These efforts are supported by a state-level collaborative and governance structure that involves regular meetings of top level administrators -- the Superintendent of Public Instruction, the Secretary of Child Development and Education, the Secretary of the Health and Welfare Agency, the Governor's Cabinet Assistant Secretary, the Executive Director of the Governor's Office of Criminal Justice Planning, the directors of key departments (Finance, Health Services, Mental Health, Social Services, Developmental Services, Economic Opportunity, and Alcohol & Drug Programs), and representatives from the Foundation Consortium. The Foundation Consortium contributes $1.75 million annually to support partnership activities. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| Specific strategies being implemented to support sustained statewide systems change under the third partnership goal include:<br><br>1. Implementation of County Academies. Through a competitive selection process, nine counties are participating in a planning process, supported by technical assistance and networking opportunities. The goal of these processes are: to strengthen working relationships across county, school district and other agency lines; to develop a strategic plan for improving outcomes for children and families; and to develop specific, measurable changes in service delivery, financing, and governance.<br><br>2. Blended Funding Demonstration and Pilots. Two pieces of state legislation signed and actively supported by the Governor allow the blending of state dollars locally to enhance flexibility and increase accountability. AB 1741 authorizes the state to select five counties to participate in a five-year pilot to blend funds across categorical programs to achieve specific, improved outcomes for children and families. SB 997 authorizes any county with a children's planning council and a county-wide plan to enter into a negotiated contract with the state. The contract allows the county to use state dollars in more effective, prevention-oriented ways (for example, to shift a portion of foster care dollars to family preservation and support efforts which can prevent the need for out-of-home placements).<br><br>3. A Data Integration Project, designed to develop common data standards across systems for data sharing and evaluation purposes. | By statutory authority, the Health and Welfare Agency is responsible for the development and implementation of the five-year pilot (Assembly Bill 1741). However, a state-level, cross-agency collaborative meets monthly to coordinate activities and to facilitate joint decision-making around the implementation of the pilot program. This "state team" is comprised of the Superintendent of Public Instruction, the Governor's Office of Child Development and Education, the Health and Welfare Agency, the Department of Finance, the Governor's Cabinet Assistant Secretary, the Office of Criminal Justice Planning, and directors of the departments of Health Services, Mental Health, Social Services, Developmental Services, and Alcohol and Drug Prevention.<br><br>This state-level team is supported by an interagency implementation work group which provides technical assistance to the five counties participating in the Youth Pilot Program. The consortium of foundations provides input to this implementation process and members of the consortium support individual county efforts.<br><br>As directed by the enabling legislation, the California Department of Education has responsibility for implementation of Healthy Start. Policy guidance is also provided by the public/private partnership. | Assembly Bill 1741 allows selected counties to transfer funds provided to them for a minimum of four child and family services, as specified in the county strategic plan, into a Child and Family Services Fund. It also authorizes local education agencies, cities, and/or private non-profit agencies to transfer money into this fund. Thus, for example, a local education agency may choose to contribute to this effort by allocating some Proposition 98 funds to the Children and Family Services Fund. Similarly, a local community action agency may choose to allocate some of its Community Services Block Grant funds to this effort.<br><br>Under the provisions of Assembly Bill 1741, the county Child and Family Services Fund must be used to fund comprehensive, integrated services for high risk, low-income, multi-problem children and families in alternative and innovative ways, as detailed in the county strategic plan. The Fund may be used to provide services in one or more designated geographical areas within the county or to targeted populations.<br><br>Healthy Start is California's statewide effort that places comprehensive support services at or near schools. Funding for this initiative is not aimed primarily at buying services. Instead, Healthy Start covers the costs of building local partnerships. Thus, Healthy Start money is glue money, used for cementing together pieces of new systems.<br><br>In support of the goal of developing new financing mechanisms to sustain and expand Healthy Start, California developed a Medicaid Billing Option for schools. Legislation was enacted requiring that these new federal matching funds be returned directly to the school for reinvestment in Healthy Start type activities. The legislation further requires that decisions on how funds are spent and the services to be provided be done on the same basis as with Healthy Start, i.e., by a local collaborative body, not just the school. In addition, schools can participate with county governments in billing Medicaid for the administrative costs of health services delivery. | Healthy Start has been engaged in a three-year independent local and statewide evaluation. Currently, Healthy Start does not impose sanctions on sites which do not demonstrate improvement but rather concentrates technical assistance where most needed.<br><br>The program authorized by Assembly Bill 1741 provides the five selected counties greater flexibility in the use of their child and family service funds in return for greater accountability for outcomes. The five counties and the state-level interagency team currently are in the process of developing a framework of outcomes and an evaluation component for this pilot. |

# IOWA

| Setting Goals | Measuring Success | Coordinating State Activities |
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| Iowa's Council for Human Investment (CHI) was created through legislation in 1993, with members appointed by the Governor. Two of the mandated responsibilities are to:<br><br>· Develop a long-term human investment strategy that includes broad policy goals and benchmarks submitted to the governor and general assembly, and<br><br>· Conduct customer satisfaction surveys of the users of public services for learning the effectiveness of public programs.<br><br>The CHI, composed of public, private, and legislative members, initially will focus on economic development, work force development, and strong family strategy bench marking.<br><br>Each of these committees have senior staff for the Departments of Economic Development, Education, Human Services, and Health. | The Council for Human Investment is charged with developing a performance-based approach for meeting established benchmarks. The development of a common performance management system will clarify the role of service providers as significant players in the state's integrated work force development system. The quality of the service delivery will be improved as the providers continually measure their performance in relation to established benchmarks. Listed below are anticipated outcomes:<br><br>**Policy and program outcomes**<br>· Common definitions of outcomes.<br>· Self-assessment tools.<br>· Federal waivers that allow performance measures to reflect state benchmarks.<br>·Common terms and definitions for programs involved in work force development.<br><br>**Performance measures** to be implemented for state agencies involved in work force development are those which:<br>· Maintain the commitment to population groups identified by characteristics that may present barriers to a coherent, customer-driven, quality outcome-oriented work force development system for the entire work force and business community.<br>· Are relatively small and manageable which will improve chances for achieving the benchmarks and for sending a clear employment and training policy message to all.<br>· Reflect the basic reason(s) for the operation of employment and training services in Iowa.<br><br>**Quality Indicators**<br>· Best practices overview for reviewing performance of direct service providers.<br>· List of activities for reinforcing priorities and performance expectations.<br>· Identification of appropriate measures and data to assist direct service providers implement continuous improvement.<br>· Common process for measuring customer satisfaction with and the quality of employment and training services in Iowa.<br><br>**Data Collection System**<br>· Overview of the current data collection process for all Iowa employment and training providers.<br>· Identification of common data elements that need to be collected.<br>· Achievement of processes to track common outcomes. | Although there are multiple state and community collaborative interagency work force development efforts underway, there is not a single place in Iowa government that inventories these efforts or considers how the efforts interact. Nor is there an understanding of how new community collaborations interact with existing efforts.<br><br>In an effort to pull diverse work force development programs together into a cohesive system of services, representatives of six state departments (Economic Development, Elder Affairs, Employment Services, Education, Human Rights, and Human Services) have joined in an interagency collaborative effort to improve Iowa's employment and training/work force development delivery system. This team is developing plans for the creation of multi-agency, local, one-stop work force development centers throughout the state, as well as planning an integrated management information system that will allow programs and departments to access, share, and reconcile data more readily. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| Community "focus meetings are being held to help communities identify local benchmarks. They may adopt state identified benchmarks or develop their own.<br><br>A subcommittee of the Iowa Human Investment Council is working on a pilot for state driven investment budgeting model.<br><br>A second committee is working on a performance budgeting model that ties results-oriented performance measures to appropriations. | Overall responsibility is from the Governor's Office with the Lt. Governor as chair of the Iowa Human Investment Council. The Department of Management staffs the Council as does senior staff from all Government agencies.<br><br>Eventually each state agency will have their budgets dependent on performance of the benchmarks. | Six state legislators (three Republicans and three Democrats) serve on the Human Investment Council. Legislative "seed" money currently funds the Councils activities. Additional state funding will be requested and private funding will be sought. | The entire initiative is accountability based through benchmarks being assigned to specific departments, annual reports on progress of performance toward benchmark goals, and budgets assigned based on benchmarks and performance. |

# KENTUCKY

| Setting Goals | Measuring Success | Coordinating State Activities |
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| Kentucky's vision of results for children is not well defined beyond those outcomes related to the education reform. The Department of Health Services also defines and tracks children and family outcomes related to health in the "Healthy Kentuckians 2000" Project. The Kentucky Education Reform Act's (KERA) noncognitive outcomes include dropout rates, attendance rates, retention rates, and successful post secondary transition rates. In order to assist schools in achieving these outcomes, each school where 20% of the student population are eligible for free lunches will be provided funds to establish a family resource or youth services center.<br><br>Kentucky's vision of the services system is generally defined in a recent executive order, which established the Commission on Families and Children. The Commission is responsible for establishing "an integrated and standards-based delivery system for health, social, and educational services which maximizes accessibility of those services." Kentucky's Commission has not yet defined a set of cross-cutting goals and outcomes for children and families. Previously cited outcomes defined in KERA are the responsibility of local schools alone and do not hold the other child-serving systems accountable. The outcomes in KERA were defined by the state legislature in 1990.<br><br>Presently, the executive order establishing the Commission on Families and the planning process associated with the federally mandated Family Preservation Act represent our best hopes for establishing cross-cutting goals and outcomes for children and families. | Under KERA, each school received an "accountability baseline index" derived from the results of their students' test scores and the noncognitive rates for the 91-92 school year. This baseline is used to calculate a "threshold improvement goal" for the next two years, which represents the desired improvement in the accountability index.<br>Although this information is widely publicized and available to different state agencies, it has not been a significant influence on the other child-serving systems due to their lack of accountability for the results. Also, because 83% of the accountability formula is based on test scores with only the remaining 17% affected by noncognitive factors, schools may not be sufficiently motivated to address these noncognitive outcomes in the immediate future.<br><br>Schools take these accountability indices very seriously due to the rewards and sanctions they face. The achievement targets are based on students reaching the proficient level on test scores, portfolios, performance events, and noncognitive indicators within a 20 year period. Unfortunately, because of the small weight given to noncognitive factors, most schools could reach these goals with minimal improvement in these indicators. In the area of the health outcomes, the local health departments and Department of Health Services annually monitors progress toward the objectives of "Healthy Kentuckians 2000." | The recently established Commission on Families and Children which was established by executive order by the Governor, is "responsible for planning, implementation and direction of a family-oriented system of community supports and services" for children and families. Because the commission is comprised of representatives from all the state-level departments that serve children, as well as members of local communities, the private sector, and parents, this group could become the body that may eventually set the state's agenda for children and families.<br><br>A Request for Information will be released to local policymakers and service providers (including county government, school districts, and local businesses) by Spring 95. This RFI invites local communities to become pilot sites for the establishment of collaborative governance structures that focus on improving outcomes for children and families. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| Prior to the establishment of the Commission on Families and Children, the Kentucky Education Reform Act established the family resource and youth services centers and identified a "core set of services," which is required of every center. The overall purpose of these centers is to reduce physical and mental barriers to learning. Currently there are 478 of these centers in Kentucky. The oversight of the centers comes from the State Interagency Task Force on Family Resource and Youth Services, which is made up of the heads of the child-serving agencies, parents, and representatives from local schools.<br><br>A 1994 executive order establishing the Commission on Families and Children states that the "Commission shall cooperate/collaborate with and supplement the work of the Interagency Task Force on Family Resource Centers until the Task Force sunsets in 1996. In addition, a state-level advisory committee is assisting the Department for Social Services in using the strategic planning process mandated by Family Preservation/Support Act to develop cross-cutting outcomes and strategies to better serve children and families. | For the most part, responsibilities, for meeting child goals are assigned to single agencies, which attempt to coordinate services of others. As the Commission conducts a statewide planning process for a new system of children's services, it will develop a core list of measurable standards and performance measures "with the participation of local sites" which are compatible with the standards of the Kentucky Education Reform Act of 1990."<br><br>Some observers assume this plan will establish mutual outcomes and responsibilities that will hold all the child-serving systems accountable. It is also assumed that local communities will have the discretion to define their own outcomes within the context of state-defined categories of performance indicators. In response to the Commission's request for information, cross-cutting governance mechanisms will be established at the local level. They will assume responsibility for reallocating resources, redeploying staff and carrying out the new service strategies. | Decisions about allocating resources (through the Commission on Families and Children) to improve outcomes have not yet been made. However, a new law gives schools the option to bill Medicaid for health-related services for students with disabilities.* Also, the commission will address funding strategies including the possibility of giving local governance structures the discretion to use categorical funds in other ways and developing mechanisms for blending the funds of several agencies.<br><br>Currently, the state provides regional interagency councils with "flexible funds" to serve children with serious emotional/behavioral problems. KERA requires funding for schools (where 20% or more of the students qualify for free lunch) to establish a family resource or youth services center. At full implementation, over 1,000 Kentucky schools will have access to a center.<br><br>* *Policies will be in place to allow school districts to begin billing Medicaid in the Fall Semester of the 1995-96 school year.* | Only the schools and school districts currently face consequences for failure to achieve specified results.<br><br>Please see Attachment I, a detailed description of Kentucky's Accountability Component within the Kentucky Education Reform Act. |

# MARYLAND

| Setting Goals | Measuring Success | Coordinating State Activities |
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| During the coming year, Maryland anticipates initiating a process that is expected to lead to the development of a results-oriented accountability system, which includes goals and strategies for children's services. This effort is being undertaken through the Governor's Subcabinet for Children, Youth, and Families. The intent is to develop a comprehensive results-driven process that is community-based and includes goals, strategies and indicators that can be used to measure progress. These "goals, strategies and indicators" will be child and family-focused. The process will involve the public and the private sectors as well as people at the state and local levels.<br><br>While Maryland has many pieces related to results-based accountability in place, there is not a comprehensive system at present. The pieces now in place are:<br><br>· data indicators related to school-performance, which are part of Maryland's comprehensive school reform effort;<br><br>· data indicators related to child well-being, which were established by KIDS COUNT;<br><br>· a set of goals established by the Subcabinet, some of which are measurable and some of which are process oriented; and<br><br>· data indicators to measure the progress in reducing out-of-home placements;<br><br>· a community assessment and planning process in a limited number of jurisdictions being undertaken pursuant to the State's implementation of the Family Preservation/Family Support Act federal legislation. Such assessments are being undertaken through the "local planning entities," interagency, quasi-public, local governance entities. These assessments will result in the identification of populations and areas of greatest need, the setting of measurable outcomes, and priorities for funding needed services. | Maryland has a series of reports that are used to track progress on the established educational and Subcabinet goals. Generally these reports are published annually. As more years of data are collected, it will be possible to review the results over time. These reports include:<br><br>Maryland School Performance Report--includes information on student performance including functional tests and performance-based assessments. The report also includes information on student participation including attendance; dropout rate; student attainment including promotion rate; and supporting information on student population characteristics, students receiving special services and other information. This report is published annually.<br><br>Subcabinet Tracking Report--includes information on the number and costs for children in out-of-home placements over a five year period. Published annually.<br><br>KIDS COUNT--contains both state and local level data on child and family well-being. Published annually.<br><br>State Coordinating Council Report--contains information on the number and cost of placing children in out-of-state residential facilities.<br><br>Subcabinet Report--narrative and data-based progress report on accomplishments of Subcabinet child-serving agencies. Published bi-annually.<br><br>Accomplishments--FY 1993-94 report on accomplishments by the Subcabinet for Children, Youth, and Families. | The Governor's Subcabinet for Children, Youth, and Families is responsible for overall planning, coordination, and monitoring of children's and family services in Maryland. The Subcabinet was established by state law in 1993 (previously in Executive Order) and includes the Secretaries of the four primary state level child-serving departments (Human Resources, Education, Health and Mental Hygiene, and Juvenile Services) as well as the Department of Budget and Fiscal Planning and the Director of the Governor's Office for Handicapped Individuals.<br><br>The Subcabinet has created interagency committees that make recommendations on such issues as early intervention and prevention, licensing and core regulations, tracking of children in out-of-home care, school based/school-linked services, unserved and underserved populations, implementation of the state's plans for family preservation, and return/diversion from out-of-state placement.<br><br>Through the Subcabinet, Maryland is reforming its services to children and their families on an interagency basis. This effort relies upon the use of Local Planning Entities (LPEs) at the jurisdictional level. Local Planning Entities are required by state law (Md. Ann. Code, Art. 49D, Sec. 11) to be established in every jurisdiction of the state. LPEs consist of representatives of all agencies providing services as well as up to 49% private citizens, advocates, community leaders, and consumers of services.<br><br>Local Planning Entities develop community plans for providing comprehensive interagency services within guidelines established by the Subcabinet for Children, Youth, and Families. Currently LPEs are, at minimum, responsible for interagency services to return and divert children from out-of-state placements and to prevent out-of-home placements with intensive family preservation services. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| The Subcabinet for Children, Youth, and Families is the body responsible for developing cross-cutting strategies. To support Maryland's children and families in building their capacity to be self-sufficient, safe, and healthy, the Subcabinet operates under five principles:<br><br>Increase local authority, through Local Planning Entities, to plan, implement and monitor services on an interagency basis.<br><br>Maximize family centered, home and community based services, which include interagency case management and a single point of access to multiple agency services.<br><br>Shift resources to prevention and early intervention efforts.<br><br>Ensure that the interagency budget for children and family services reflects the priorities of the Subcabinet and Local Planning Entities and that agency budgets have the flexibility to address common priorities.<br><br>Ensure systemwide oversight, monitoring, collaboration, and accountability through the Subcabinet.<br><br>During the 1994 legislative session, House Bill 1233 passed which requires the phasing in of a statewide system of interagency budgeting and funding to be fully implemented by Fiscal Year 1998. There are four components of the system: establish a Subcabinet fund, plan for a continuum of care and services, maximize available resources from all sources, including federal monies and private third party reimbursement, and use outcome measures and fiscal incentives. At least one pilot project will be established during Fiscal Year 1996. | Assignment of responsibilities is mixed. Many of the interagency projects are assigned by the Subcabinet. However, in some cases where funding is allocated to a specific agency, either by the State Legislature or the Federal government, that agency takes the lead and generally will recruit interagency members. In our interactions with the local jurisdictions, relationships generally revolve around funding. In cases where there are limited resources, we use a competitive, RFP process to allocate funds. | Maryland's Subcabinet for Children, Youth and Families has developed interagency plans for the funding and delivery of services to two defined populations -- children at imminent risk of an out-of-home placement and their families, and children in or at-risk of an out-of-state placement and their families. Plans for funding these services are developed on a jurisdictional basis through the Local Planning Entities.<br><br>Other family and children services continue to be provided by individual agencies, pursuant to agency plans and priorities. However, the Subcabinet has developed a Children's Budget that lists, by position on the service continuum, children's services across agencies, the amount of funding, and funding source. It is the goal to have this document become the basis for Subcabinet budgeting and funding on an interagency basis. (A similar process is envisioned on a jurisdictional basis for Local Planning Entities.)<br><br>The Subcabinet has recently hired a person jointly through the Office for Children, Youth and Families and the Department of Budget and Fiscal Planning to develop a funding maximization and refinancing strategy for children and family services. In addition, pursuant to legislation effective July 1, 1994, (HB 1233) the Subcabinet is required to develop a system of interagency budgeting and funding by Fiscal Year 1998 that supports an integrated continuum of children and family services at the community level, that is based upon measurable outcomes, and that maximizes all funding sources. A pilot must be established during Fiscal Year 1996. | The Subcabinet Systems Reform Initiative provides fiscal incentives to those jurisdictions that meet their goals for serving the number of children they intended to serve and for reducing out-of-home and out-of-state placements across agencies. These incentive funds may be used by the Local Planning Entity to support a broad range of community-based services. (As Local Planning Entities develop community plans, incentive funds will be used to meet identified priorities and gaps in services.) The Subcabinet also receives fiscal incentives for state priorities when local jurisdictions meet their goals. Thus, all stakeholders are considered accountable and essential to achieving success.<br><br>There is an interagency technical assistance team coordinated through the Office for Children, Youth and Families. It provides technical assistance to all jurisdictions in the development of Local Planning Entities, the planning and implementing of interagency services, and the funding of those services. There is also an automated management information system for interagency case managers that enables workers, supervisors, managers and policy makers to answer the questions of whether the planned service model is actually being provided, and whether it is making a difference to the children and families being served.<br><br>The child and family that is failed by "the system" is already penalized by that failure. The withholding of fiscal incentives will not change an outcome for that family. Although it has been discussed, the Subcabinet has not yet developed a strategy for sanctions and penalties for jurisdictions that fail to meet their outcomes -- precisely because such sanctions usually penalize children and families. |

# MISSOURI

| Setting Goals | Measuring Success | Coordinating State Activities |
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| Direction for Missouri's efforts is being provided by a partnership involving parents and consumers, key state agency personnel, and the Family Investment Trust.<br><br>The Family Investment Trust is a unique structure established by Governor Carnahan through Executive Order that is bridging efforts between state agencies and local communities by creating a new, more responsive system of services for Missouri's children and families to achieve better results. The Family Investment Trust is directed by a Board of Directors composed of the Chief Executive Officers of the state departments of education, health, mental health, and human services, and business and civic leaders.<br><br>The Trust is working toward the adoption of a set of desired results for children and families. The broad categories of core results, include:<br><br>a. healthy child and youth development (children ready to enter and succeed in school);<br><br>b. strong neighborhoods and families (children and family safe and healthy); and<br><br>c. parents working. | The tracking system for the goals is also under development. Missouri is about to embark on the creation of "community partnership" with a limited number of communities in the state. The communities will designate different priorities from each of the broad categories of core results groupings and agree on specific elements to be used as benchmarks for measurement. Data collection for this effort will be shared among the various parties of the community partnership and state agencies. | The Family Investment Trust will provide coordination between the various state agencies and coordination between the state agencies and the local communities. The Family Investment Trust has convened a group of parents, consumers, providers, state agency personnel, known as *Missouri Partnerships - Strong Families Through Communities* that is shaping the direction of the development of Community Partners. Other groups, such as the Governor's Policy Academy on Education Reform and state agency teams are collectively establishing the state's vision and agenda for improving services for children and families. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| Cross-cutting strategies are being developed at two levels. At the state level, state agencies are laying a policy foundation to encourage innovation and flexibility in the provision of services for children and families. A joint budget initiative is moving forward for presentation to the General Assembly, which will provide for a significant expansion of Missouri's Caring Communities Program. Caring Communities is a school-based effort to link or co-locate health and human services with education reform efforts within the schools. This expansion will be orchestrated through the Community Partnerships.<br><br>At the local level, cross-cutting strategies will be identified and implemented through the Community Partnerships. Each community designated as a Community Partnership will be specifically empowered to negotiate new relationships with state agencies in the provision of a variety of services for children and families. The charge to the communities will be to develop strategies that merge efforts of existing resources in the community, both public and private. Technical assistance for these efforts is being provided by the Family Investment Trust. | At the state level, the Family Investment Trust is providing a cross-cutting mechanism for this effort. It is being supported by a corollary effort among the Deputy Directors of each of the state agencies involved to plan specific activities related to policy and budgetary development to support our efforts. The budgetary initiative for Caring Communities (mentioned previously) provides an example of our current efforts. The request will include approximately $24 million. Each agency will contribute direction for the various services that will be linked closely to the participating school. The $24 million will include federal funds from the National Family Preservation and Support Act, new state dollars, and federal earnings to provide flexible funds for use by communities.<br><br>At the local level, Community Partnerships will, by definition, be a cross-sector representation of stakeholders in the community. The Community Partnerships will create a governance structure within which various local entities share in the governance/decision making responsibilities associated with efforts to improve services and results for children and families. The Community Partnerships are anticipated to begin 1995. | Missouri is in the earliest stages of designing unified financial strategies to support this effort. The budget initiative for Caring Communities is our best example to date. The community partnerships will play an integral role in informing the state agencies and the Family Investment Trust regarding the necessary structures. | Missouri is developing an approach that establishes an agreement between state government and the Community Partnership that specifies the results to be achieved, who is responsible, and what resources will be used. |

# OREGON

| Setting Goals | Measuring Success | Coordinating State Activities |
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| Oregon's overall vision is contained in three documents that represent the work of legislators, advocates, strategic planning groups, and citizens: (a) The Oregon Benchmarks ; (b) HB 3565, Oregon's educational reform act for the 21st century developed in 1991; (c) HB 2004, Oregon's social service system reform act, developed in 1993. On a voluntary basis, the state and many counties initiated restructuring/service integration efforts prior to the passage of HB 2004. SB 1099 in 1989 set forth Human Investment demonstration projects, which confirmed the trend in Oregon to move toward integrated community-based services.<br><br>The Oregon Benchmarks document provides an overall framework for all state agencies. Of a total of 267 benchmarks, there are a significant number of benchmarks that relate to children and family issues. The Oregon Commission on Children and Families has selected a short list of "core benchmarks" that each community is addressing through a comprehensive community-based plan for children and families. The Commission is developing outcome goals around the social service system, especially in assessing the effectiveness of integrated services, school-linked services, and family resource centers. The Oregon Department of Education is developing goals around the education system. The Department of Human Resources has an evaluation process in place to measure outcomes based on the Oregon benchmarks.<br><br>The Benchmarks document was developed with significant broad-based community input. The document continues to evolve as new benchmarks are identified. Local commissions on children and families in each of Oregon's 36 counties participated with the State Commission in selecting the eleven "core benchmarks." Through local comprehensive planning processes, communities have determined whether they will address all eleven; whether they will request a waiver for one or more core benchmarks; and whether they will incorporate additional/ancillary benchmarks within their local plans. | The Oregon Progress Board tracks data around all the state benchmarks at established intervals: ie., 1995, 2000, 2010... State and local agencies have begun to align their data collection processes with benchmark data. The State Commission aggregates county data related to 32 children and families benchmarks on an annual basis and provides the data for each county to local commissions. Measurements for several benchmarks, including the "Ready to Learn/yearly Childhood Development Benchmark" are yet under development.<br><br>General benchmarks information is available via the Progress Board's annual reports. HB 2004 calls for a re-engineering of the children's information system. At this writing, all available data on the Commission's children and families benchmarks is available on-line.<br><br>Each state and local agency is identifying performance measurements (short-term indicators) to measure progress toward the benchmarks. For local commissions, these objectives are based on county plans, with a common thread being the focus on "risk factors" and "support factors" that lead to the wellness of children and families.<br><br>The Oregon Progress Board set very ambitious targets for the Oregon Benchmarks. Counties, through local planning, are doing a "reality check" of state/local capacity and resources. Many counties have set their own benchmark targets that may be more realistic and obtainable for local realization. | The Commission on Children and Families, in partnership with local commissions, is responsible for promoting the well-being of children and families. It is authorized under the Oregon statutes (HB 2004, 1993 Legislature). The Director of the department of Human Resources and the State Superintendent of Public Instruction are members of the Commission, in addition to twelve members appointed by the Governor.<br><br>The Oregon Legislature sets the state's agenda for children and families. The Legislature has authorized the Oregon Commission on Children and Families to include a broad cross-section of state and local participants in developing the wellness model. In addition to the Director of the Department of Human Resources and the State Superintendent of Public Instruction, the Oregon Commission on Children and Families is comprised of one representative from the county juvenile department directors association, six public members, two members from local commissions on children and families (one rural one urban), one social service professional, and two members from the business community. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| Through the legislative process, state and local agencies, citizens, legislators and advocates formulate strategies for improving results for children and families. Those strategies are prioritized within the state budget process.<br><br>It is the Commission's philosophy that strategies are best developed and achieved locally (in partnership with the state) -- and that the state's role is primarily involved with research, development, dissemination of information, training, technical assistance, and resource delivery, rather than with imposing state-adopted strategies on communities. | The Oregon Legislature ultimately makes decisions around assigned responsibilities, including state agency budgets and basic school support dollars for local school districts. However, state agencies operate under the Governor and the Department of Administrative Services, who make preliminary organizational and budget recommendations to the Legislature, and administrative/operational decisions. Several agencies are governed by independently elected officials and report directly to the Legislature.<br><br>The Children's Care Team and HB 2004 were in response to the multitude of state and local players in the public sector -- all responsible for strategies related to children and families.<br><br>Counties are governed by elected Boards of County Commissioners, with recently-appointed local commissions on children and families playing an advisory role. Within (or between) counties, depending on the geographic and population size, local school districts, with elected school boards, operate independently. Education service districts and community college districts exercise different responsibilities, and are also independent entities.<br><br>In the private sector, businesses and private and/or nonprofit service providers are becoming increasingly invested in participating in the public policy process and have that opportunity now through local commissions. | There is yet no tight linkage between state and local funding strategies and program/service delivery in Oregon. Most federal funding is categorical and administered through a single state agency. Each county has its own taxing authority and local funding process. Since 1989, with the passage of Oregon's property tax limitation , state revenues for social services have been declining, with a larger portion replacing lost local property tax revenues designated for schools.<br><br>While legislators have become more informed about the Oregon Benchmarks and articulate support for the concept, the state budgeting process has not linked dollars with outcomes. Advocacy groups and anecdotes tend to prevail in the political process quite successfully -- perhaps more successfully than performance measures and outcome data.<br><br>During the 1993 budget process, the Governor tried a "benchmarks budgeting" exercise that tied 10% of state agency budgets to collaborative strategies designed to target benchmarks outcomes. The Commission, Health Division, the Department of Education and Adult & Family Services Division have worked well together to develop strategies around teen pregnancy prevention and intervention. However, on the whole, the exercise was unsuccessful in integrating state agency programs or refocusing the state system on outcomes.<br><br>There is a widespread public perception that the public sector is bloated with tax revenues, despite the property tax limitation measure. State and local agencies that work with children and families are convinced that there will never be enough resources to fund the current service system, and that only through systems change -- involving community-based decisions, responsibility, and ownership -- will Oregon begin to evolve healthy communities, schools, children and families. There is a belief that communities will be in the best position to make judgments about the adequacy of resources, and the efficacy of community strategies -- and that community policy makers will have the greatest success in advocating for a stable resource base that supports children and family strategies. | Since state and federal funding are allocated by programs, activities, or entitlements, rather than outcomes, accountability is likewise based on meeting the numbers of entitled children and families, or program goals and activities, rather than specific outcomes.<br><br>Some state programs tie funding to achievement of performance-based contracts. Most state and local agencies have monitoring and program improvement processes. Local commissions on children and families are developing evaluation plans for 1995-97 that will address these issues. |

# TEXAS

| Setting Goals | Measuring Success | Coordinating State Activities |
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| There are two primary statutory forces that are currently driving Texas efforts to strengthen families and improve outcomes for children.<br><br>**The Texas Health and Human Services Commission (HHSC)**<br>As established by state law in 1991, the HHSC was directed to oversee health and human services, coordinate programs, and improve service delivery. House Bill 7 also transferred sizable programs among agencies and created the Department of Protective and Regulatory Services. The Department of Protective and Regulatory Services provides child and adult protective services as well as a number of licensing and inspection functions. The health and human service agencies continue to operate independently under their boards and executive directors subject to oversight and coordination of the Commission. The Commission members include 11 health and human service agencies but does not include other key agencies such as the State Education Agency, Texas Children's Trust Fund, and Texas Youth Commission.<br><br>**The Texas Commission on Children and Youth (CCY)**<br>As established by state law in 1993, the CCY is an 18-member Commission, which developed a comprehensive proposal to improve and coordinate public programs for children and achieve specific goals related to education, health care, juvenile justice and family services. The CCY submitted its report with recommendations to the Governor, Lieutenant Governor, and the Speaker of the House on December 1, 1994 for the consideration by the 74th Texas Legislature which convened in January 1995.<br><br>The Commission has conducted its work with broad-based participation by citizens, local service providers, religious organizations, business and industry and all state agencies which are responsible for children's services. The CCY has developed proposals for the following:<br><br>an overall vision for Texas children and families;<br>guiding principles;<br>six primary goals for children and youth;<br>a blueprint for action; and<br>a common, cross-cutting set of prioritized benchmarks (outcomes). | The state's existing strategic planning and performance budgeting system provides an excellent structure for measuring progress toward established goals. The statewide strategic plan, which serves as the basis of each individual agency strategic plan is developed by the Governor and the Legislative leadership. Texas Tomorrow, the overarching statewide plan, contains broad goals and cross-system outcomes for which state agencies will be held accountable. The statewide goals for children and families presented in Texas Tomorrow were developed after consultation with the Health and Human Service Commission, the Commission on Children and Families, the Texas Education Agency, advocacy groups and public testimony. Individual agencies will be held accountable for their integral part of the statewide plan. Agency strategies will be funded according to agency performance on obtaining the outcomes and objectives presented in individual agency strategic plans.<br><br>It is the Commission on Children and Youth's proposal to incorporate its recommended common set of cross-cutting outcomes for children and families into this strategic planning and performance budgeting process.<br><br>The measures of progress or benchmarks proposed by the Commission on Children and Youth focus almost exclusively upon the well-being of children and families. | The Commission on Children and Youth has developed a service delivery system that will require statutory authorization and will link the state and communities and move more of the authority and decision-making in the planning and delivery of services to the local level.<br><br>The Commission's recommendations call for: development of local commissions on Children and Families on at least a county basis throughout the state to ensure a stronger local involvement in the planning and delivery of services; and a state-level policy council to facilitate service delivery reform and to support the work of the local Commissions on Children and Families.<br><br>Local commissions on Children and Families would be voluntary county or multi-county-based groups which would be the vehicle through which a broad spectrum of concerned community citizens could, acting together, set direction, mobilize resources towards common goals, integrate the service delivery system, evaluate results, and incorporate and monitor necessary changes. The major responsibilities of the local commissions would include: setting a local agenda for children and families and developing strategy around priority community problems; developing new service capacities to meet family needs more effectively; mobilizing public and private resources; coordinating fiscal strategies to support the services agenda; and maintaining accountability.<br><br>The various child-serving agencies, under the leadership of Health and Human Services commissioner and the Commissioner of Education would be responsible for developing a Blueprint for Children which includes short and long-range collaborative strategies across education, health, human services, and juvenile justices to meet the state's goal for children; defining common-cross cutting outcome measures; piloting investment budgeting around certain children's preventive services; and initiating strategies for refinancing children's services across agencies.<br><br>To maintain the ongoing input and participation of the public and the legislature, the Commission is recommending a "Child and Family Legislative Oversight Committee." The Committee would be composed of three Senators, three state representatives, and six public members with demonstrated concern for children. The responsibilities of the Committee would be to provide state level leadership on children's issues, oversee the service delivery reforms, monitor progress on the state's Blueprint for Children, work to eliminate statutory and administrative barriers to the success of the local commissions, and assure accountability to the public and the legislature. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| Currently the primary existing vehicle for formulating and prioritizing strategies for improving results for children and families is the strategic planning and performance budgeting system as described previously.<br><br>Additionally, the Texas Health and Human Service Commission and its eleven component state agencies have developed a coordinated strategic plan that includes a focus on services to children and families and have developed criteria for prioritizing health and human service funding needs.<br><br>As stated previously, the Commission on Children and Youth has developed proposed guiding principles, a time-lined blueprint for action, and a common core of cross-cutting benchmarks for improving the lives of Texas children and their families. | Presently, responsibilities for accomplishing goals for children and families are assigned generally by statute to both single and groups of state agencies who then coordinate the participation and contributions of other agencies. Currently, communities are given little authority to decide how strategies and responsibilities are carried out. As previously described, the Commission on Children and Youth's proposals for restructuring the service delivery system for children and families shift much of the decision-making authority to the local Commissions on Children and Families. | The state's strategic planning and performance budgeting process is the primary basis for making decisions about the allocation of resources.<br><br>Presently, the Health and Human Services Commission and its component state agencies develop a coordinated strategic plan and consolidated budget proposal. However, as stated previously, the HHSC does not include several other key state agencies, e.g., the State Education Agency.<br><br>Please refer to previous descriptions of the Commission on Children and Youth's recommendations which, if ultimately enacted into law by the state legislature, would provide a state and local level structure to address program and financial strategies as part of a single plan. | The State's strategic planning and performance budgeting system is the primary means of holding state agencies accountable for achieving its performance targets. The primary sanction employed is reduction of funding. Presently, there are no incentives for achieving performance goals. |

# WASHINGTON

| Setting Goals | Measuring Success | Coordinating State Activities |
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| Direction for Washington's state efforts to strengthen families and improve outcomes for children is provided by the Family Policy Council (FPC), the state legislature, the Governor and five agencies involved in education and human services.<br><br>The vision is to have all families in the state of Washington reach their maximum level of self-sufficiency. Our vision includes pictures of service integration systems in accordance with the eight principles of the Family Policy Council Initiative. Goals for this effort are related to risk-factors in health and family service along with service integration, local decision-making and empowerment.<br><br>The outcomes are related to activities included in the Readiness to Learn (RTL) program and Violence Prevention Youth Agenda legislation. These goals and outcomes apply to all stakeholders. The prioritization of goals is left to the local consortia and Community Networks. | Both programs, Readiness To Learn and Community Health and Safety Networks, have a statewide evaluation component. Readiness to Learn programs have the responsibility of writing yearly reports to the State Superintendent's office. Information from this program is available statewide to public/private agencies, government and the public at large.<br><br>Outcomes indicators include: student success in school, safe in the home, safe in the neighborhood, free from alcohol and other drugs, and a healthy body.<br><br>Risk and protective factors included in 2319 legislation (Community Health and Safety networks) are measured locally in coordination with health districts. Change in the way agencies operate (governance) and services provided (integration of services) are measured on a statewide basis in the Readiness to Learn program.<br><br>Our evaluation and local decision-making is ambitious, but realistic targets have been set. | The coordination of service integration and family programs is provided through the ten member Family Policy Council authorized through legislation and strengthened through an Interagency Agreement signed by all parties.<br><br>The Governor appointed a state advisory committee to include: local government officials, Indian tribes, private/public service providers, local citizens, school personnel, consumers, and local youth. Their purpose is to advise the FPC on policy issues and to assist in disseminating information to constituencies. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| Cross-cutting strategies and eight guiding principles found in the Family Policy Initiative are used when making decisions to move toward improving services. Strategic planning is in progress for the Council. All agencies of the Family Policy Council are facilitating local strategic planning and prioritization for the individual communities. Oversight for the community networks comes from the FPC. Readiness to Learn oversight is conducted by the State Superintendent of Public Instruction's designee. | Responsibility for implementation of service integration at the local level varies. The Readiness to Learn implementation is defined at the consortia level with assistance from the Office of Superintendent of Public Instruction. The Superintendent's office has involved all agencies within the FPC for technical assistance. The Department of Social and Health Services has assigned an evaluator to give technical assistance with data collection and evaluation. The Employment Security Department has been very instrumental in creating training for job retention and security, and has given $25,000 for further technical assistance in the evaluation process. Local health departments have created a place for health care and screenings, and Community, Trade and Economic Development has assisted in creating business partnerships with the consortia. The agencies share responsibilities and usually find their own resources to pay for time and technical assistance.<br><br>The Interagency Coordinating Council (the administrative arm of FPC) comprised of membership from the five partner agencies meets regularly to assign and carry out specific tasks. Sub-committees take on specific short-term assignments for the council. At the community level, a 23 member Community Network assumes the responsibility of implementing policy and carrying out strategies. | Program and financial strategies are reviewed in terms of decategorization of funds. State level discussions about allocating resources are aimed at healthy, functioning families and successful children. Finances are shifting from state managed programs to locally driven integrated services through decategorization of funds. Decategorization is a long range goal for state financing of family services reform. Strategies include maximizing resources through federal reimbursements.<br><br>Although a formal process is not in place to make judgements about adequacy of resources, discussions are being held about how to move FPC efforts to scale.<br><br>Planning funds allocated through 2319 do not consider greatest in need. Local communities decide which populations will be targeted. | Incentives are offered for meeting goals. (Examples are specialized training and technical assistance in leveraging of existing resources.) Under 2319, incentives include a potential bonus for communities; five percent of the total appropriation is set aside for this purpose. When sufficient progress is not being made technical assistance teams assist the communities.<br><br>Washington's reform is so young and the focus has been on providing the maximum support to local communities. The state has not reached the point of employing sanctions. Local RTL consortia, Community Networks, and whole communities are held accountable through a statewide evaluation process. |

# WISCONSIN

| Setting Goals | Measuring Success | Coordinating State Activities |
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| During the fall of 1992, a committee that included the governor, the state superintendent of public instruction, the president of the University of Wisconsin System, the director of the state Vocational, Technical and Adult Education System, and eight other citizens held public hearings at 13 locations throughout Wisconsin. As an outgrowth of those hearings, the committee formulated 28 educational goals. Ten of the goals focused on expectations for students and, in recognition that societal and institutional support are necessary for quality education, the remaining goals fell into these two categories. The goals committee specifically stated that the first three learner goals should be the focus of the mandated statewide education assessment. It is a local decision by each community how they wish to proceed on implementing these goals.<br><br>Healthier People in Wisconsin: A Public Health Agenda for the Year 2000 was published in February 1990, and reflects the efforts by more than 150 organizations and individuals to identify public health needs, priority Year 2000 objectives, and recommended strategies for the state as a whole. This public health assessment and planning document is used by the Division of Health and local health departments to develop programs and target resources. The Public Health Agenda includes sections on reproductive and perinatal health, child health, and adolescent health. With most funding sources, there is capacity for local decision-making related to determining health priorities and allocating resources. | The Wisconsin Department of Public Instruction is currently developing an assessment system for the first 3 learner goals. This system will include knowledge and concepts test, performance, and locally developed portfolio approaches. The performance and portfolio assessments will be based on the outcomes coupled with academic content, while the knowledge and concepts tests will be based solely on academic content. Knowledge and concepts tests, and performance assessments will be given to all students at grades 4, 8, and 10. Local school districts may develop and implement their own portfolio assessments that may be based on statewide guidelines.<br><br>The Division of Health tracks progress towards many of the Year 2000 public health objectives and disseminates this data in a variety of public forums. The Division of Health, Bureau of Public Health is developing a mid-course review for the Year 2000 public health objectives. | Wisconsin does not have a single statewide group that is responsible for promoting the well-being of children and families. Joint initiatives between agencies tend to focus on children and around a categorical topic. There is a legislated Task Force on Improving Services to Children and Families between Wisconsin Department of Public Instruction (DPI) and the Department of Health and Social Services (DHSS), which has adopted the following as its goals:<br><br>Improve services to children and families.<br><br>Identify and eliminate barriers that prevent schools and social service agencies from adequately serving children and families.<br><br>Improve the provision and coordination of prevention/early intervention services that enhance school readiness through collaboration. This includes preventive health services and social services.<br><br>Provide a continuum of services for families and children that deals with problems as they present themselves, rather than forcing problems into identified categories.<br><br>In addition, the Task Force has identified the following outcome goals:<br><br>The goal of all systems dealing with children and families should be **self-sufficiency and self-reliance**.<br><br>Provide educational and social services both in school and out of school to ensure that all children have the right to achieve their full potential, with a special focus on improving academic and social support of at-risk students and their families in order to keep these students on track towards graduation and deter the student from delinquency or dependency on public assistance.<br><br>Through collaboration that includes families and their communities as well as service providers, improve the provision and coordination of services to maintain and support families with a goal of reducing the need for out-of-home placements.<br><br>There is a also a Department of Public Instruction and Department of Health and Social Services management group, which meets every two months to share information and identify areas for coordination. The DPI-DHSS management group is co-chaired by representatives from the superintendent's and secretary's offices and includes high level managers from education, health, human services and juvenile justice. The state is beginning to address coordination of the diverse needs assessment efforts at the state and local levels, including the development of joint training and technical assistance. |

| Formulating Cross-Cutting Strategies | Assigning Responsibility | Allocating Resources | Assuring Accountability |
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| As a state, Wisconsin has not developed cross-cutting strategies for improving results for children and families. Individual agencies have initiatives typically around a categorical topic.<br><br>Because health, social services, and juvenile justice are under one umbrella cabinet agency, there is some coordination of related initiatives. | Individual agencies are responsible for their own goals. Occasionally legislation will mandate multiple agency participation on a specific task.<br><br>The Cabinet agencies work in concert with the Governor's Office, and the executive branch coordinates with the legislature. | Wisconsin does not have a single plan for program and financial strategies. Individual agencies develop biennial budgets, which are submitted to the Department of Administration. The Governor then develops a budget that proceeds through the legislative process. | Wisconsin is not at the point of providing incentives or employing sanctions relative to goals and outcomes.<br><br>The state agencies provide training and technical assistance to local agencies as needed. |